

Washington State Department of Labor & Industries
Professional Services Fee Schedule

Evaluation & Management
Effective July 1, 2004

		DOLLAR VALUE		MODIFIERS											
CPT® CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
99201	Office/outpatient visit, new	\$49.11	\$31.90	0	0%	0%	0%	0	0	0	0	0	0		R
99202	Office/outpatient visit, new	\$87.59	\$63.29	0	0%	0%	0%	0	0	0	0	0	0		R
99203	Office/outpatient visit, new	\$130.12	\$96.70	0	0%	0%	0%	0	0	0	0	0	0		R
99204	Office/outpatient visit, new	\$183.79	\$142.78	0	0%	0%	0%	0	0	0	0	0	0		R
99205	Office/outpatient visit, new	\$233.40	\$189.86	0	0%	0%	0%	0	0	0	0	0	0		R
99211	Office/outpatient visit, est	\$28.86	\$12.15	0	0%	0%	0%	0	0	0	0	0	0		R
99212	Office/outpatient visit, est	\$51.14	\$31.90	0	0%	0%	0%	0	0	0	0	0	0		R
99213	Office/outpatient visit, est	\$71.39	\$48.10	0	0%	0%	0%	0	0	0	0	0	0		R
99214	Office/outpatient visit, est	\$111.39	\$78.48	0	0%	0%	0%	0	0	0	0	0	0		R
99215	Office/outpatient visit, est	\$161.51	\$126.07	0	0%	0%	0%	0	0	0	0	0	0		R
99217	Observation care discharge	\$94.68	\$94.68	0	0%	0%	0%	0	0	0	0	0	0		R
99218	Observation care	\$89.62	\$89.62	0	0%	0%	0%	0	0	0	0	0	0		R
99219	Observation care	\$149.36	\$149.36	0	0%	0%	0%	0	0	0	0	0	0		R
99220	Observation care	\$209.61	\$209.61	0	0%	0%	0%	0	0	0	0	0	0		R
99221	Initial hospital care	\$90.63	\$90.63	0	0%	0%	0%	0	0	0	0	0	0		R
99222	Initial hospital care	\$150.37	\$150.37	0	0%	0%	0%	0	0	0	0	0	0		R
99223	Initial hospital care	\$209.61	\$209.61	0	0%	0%	0%	0	0	0	0	0	0		R
99231	Subsequent hospital care	\$45.06	\$45.06	0	0%	0%	0%	0	0	0	0	0	0		R
99232	Subsequent hospital care	\$74.43	\$74.43	0	0%	0%	0%	0	0	0	0	0	0		R
99233	Subsequent hospital care	\$105.82	\$105.82	0	0%	0%	0%	0	0	0	0	0	0		R
99234	Observ/hosp same date	\$186.32	\$186.32	0	0%	0%	0%	0	0	0	0	0	0		R
99235	Observ/hosp same date	\$245.56	\$245.56	0	0%	0%	0%	0	0	0	0	0	0		R
99236	Observ/hosp same date	\$305.81	\$305.81	0	0%	0%	0%	0	0	0	0	0	0		R
99238	Hospital discharge day	\$94.68	\$94.68	0	0%	0%	0%	0	0	0	0	0	0		R
99239	Hospital discharge day	\$129.11	\$129.11	0	0%	0%	0%	0	0	0	0	0	0		R
99241	Office consultation	\$67.84	\$45.57	0	0%	0%	0%	0	0	0	0	0	0		R
99242	Office consultation	\$123.54	\$93.67	0	0%	0%	0%	0	0	0	0	0	0		R
99243	Office consultation	\$163.53	\$124.55	0	0%	0%	0%	0	0	0	0	0	0		R
99244	Office consultation	\$230.87	\$184.29	0	0%	0%	0%	0	0	0	0	0	0		R
99245	Office consultation	\$298.21	\$244.54	0	0%	0%	0%	0	0	0	0	0	0		R
99251	Initial inpatient consult	\$48.10	\$48.10	0	0%	0%	0%	0	0	0	0	0	0		R
99252	Initial inpatient consult	\$96.70	\$96.70	0	0%	0%	0%	0	0	0	0	0	0		R

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99253	Initial inpatient consult	\$131.64	\$131.64	0	0%	0%	0%	0	0	0	0	0	0		R	
99254	Initial inpatient consult	\$189.86	\$189.86	0	0%	0%	0%	0	0	0	0	0	0		R	
99255	Initial inpatient consult	\$261.25	\$261.25	0	0%	0%	0%	0	0	0	0	0	0		R	
99261	Follow-up inpatient consult	\$30.38	\$30.38	0	0%	0%	0%	0	0	0	0	0	0		R	
99262	Follow-up inpatient consult	\$60.76	\$60.76	0	0%	0%	0%	0	0	0	0	0	0		R	
99263	Follow-up inpatient consult	\$89.62	\$89.62	0	0%	0%	0%	0	0	0	0	0	0		R	
99271	Confirmatory consultation	\$52.66	\$32.40	0	0%	0%	0%	0	0	0	0	0	0		R	
99272	Confirmatory consultation	\$87.59	\$61.26	0	0%	0%	0%	0	0	0	0	0	0		R	
99273	Confirmatory consultation	\$119.99	\$86.07	0	0%	0%	0%	0	0	0	0	0	0		R	
99274	Confirmatory consultation	\$162.02	\$125.06	0	0%	0%	0%	0	0	0	0	0	0		R	
99275	Confirmatory consultation	\$206.06	\$165.05	0	0%	0%	0%	0	0	0	0	0	0		R	
99281	Emergency dept visit	\$22.28	\$22.28	0	0%	0%	0%	0	0	0	0	0	0		R	
99282	Emergency dept visit	\$36.96	\$36.96	0	0%	0%	0%	0	0	0	0	0	0		R	
99283	Emergency dept visit	\$83.03	\$83.03	0	0%	0%	0%	0	0	0	0	0	0		R	
99284	Emergency dept visit	\$128.60	\$128.60	0	0%	0%	0%	0	0	0	0	0	0		R	
99285	Emergency dept visit	\$201.51	\$201.51	0	0%	0%	0%	0	0	0	0	0	0		R	
99288	Direct advanced life support	\$30.38	\$30.38	0	0%	0%	0%	9	9	9	9	9	9		R	
99289	Ped crit care transport	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99290	Ped crit care transport addl	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99291	Critical care, first hour	\$329.10	\$274.92	0	0%	0%	0%	0	0	0	0	0	0		R	
99292	Critical care, addl 30 min	\$146.32	\$137.71	0	0%	0%	0%	0	0	0	0	0	0		R	
99293	Ped critical care, initial	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99294	Ped critical care, subseq	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99295	Neonate crit care, initial	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99296	Neonate critical care subseq	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99298	Ic for lbw infant < 1500 gm	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99299	Ic, lbw infant 1500-2500 gm	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99301	Nursing facility care	\$97.21	\$83.54	0	0%	0%	0%	0	0	0	0	0	0		R	
99302	Nursing facility care	\$132.65	\$111.89	0	0%	0%	0%	0	0	0	0	0	0		R	
99303	Nursing facility care	\$164.04	\$139.23	0	0%	0%	0%	0	0	0	0	0	0		R	
99311	Nursing fac care, subseq	\$55.19	\$41.52	0	0%	0%	0%	0	0	0	0	0	0		R	
99312	Nursing fac care, subseq	\$85.56	\$69.87	0	0%	0%	0%	0	0	0	0	0	0		R	
99313	Nursing fac care, subseq	\$116.96	\$98.22	0	0%	0%	0%	0	0	0	0	0	0		R	

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99315	Nursing fac discharge day	\$95.18	\$78.48	0	0%	0%	0%	0	0	0	0	0	0		R
99316	Nursing fac discharge day	\$124.55	\$104.80	0	0%	0%	0%	0	0	0	0	0	0		R
99321	Rest home visit, new patient	\$54.68	\$54.68	0	0%	0%	0%	0	0	0	0	0	0		R
99322	Rest home visit, new patient	\$76.45	\$76.45	0	0%	0%	0%	0	0	0	0	0	0		R
99323	Rest home visit, new patient	\$95.18	\$95.18	0	0%	0%	0%	0	0	0	0	0	0		R
99331	Rest home visit, est pat	\$47.59	\$47.59	0	0%	0%	0%	0	0	0	0	0	0		R
99332	Rest home visit, est pat	\$61.77	\$61.77	0	0%	0%	0%	0	0	0	0	0	0		R
99333	Rest home visit, est pat	\$75.44	\$75.44	0	0%	0%	0%	0	0	0	0	0	0		R
99341	Home visit, new patient	\$78.48	\$78.48	0	0%	0%	0%	0	0	0	0	0	0		R
99342	Home visit, new patient	\$114.42	\$114.42	0	0%	0%	0%	0	0	0	0	0	0		R
99343	Home visit, new patient	\$167.08	\$167.08	0	0%	0%	0%	0	0	0	0	0	0		R
99344	Home visit, new patient	\$219.23	\$219.23	0	0%	0%	0%	0	0	0	0	0	0		R
99345	Home visit, new patient	\$271.38	\$271.38	0	0%	0%	0%	0	0	0	0	0	0		R
99347	Home visit, est patient	\$60.25	\$60.25	0	0%	0%	0%	0	0	0	0	0	0		R
99348	Home visit, est patient	\$102.27	\$102.27	0	0%	0%	0%	0	0	0	0	0	0		R
99349	Home visit, est patient	\$158.47	\$158.47	0	0%	0%	0%	0	0	0	0	0	0		R
99350	Home visit, est patient	\$230.37	\$230.37	0	0%	0%	0%	0	0	0	0	0	0		R
99354	Prolonged service, office	\$131.13	\$126.58	0	0%	0%	0%	0	0	0	0	0	0		R
99355	Prolonged service, office	\$130.12	\$124.55	0	0%	0%	0%	0	0	0	0	0	0		R
99356	Prolonged service, inpatient	\$121.51	\$121.51	0	0%	0%	0%	0	0	0	0	0	0		R
99357	Prolonged service, inpatient	\$122.02	\$122.02	0	0%	0%	0%	0	0	0	0	0	0		R
99358	Prolonged serv, w/o contact	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
99359	Prolonged serv, w/o contact	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
99360	Physician standby services	\$60.76	\$60.76	0	0%	0%	0%	9	9	9	9	9	9		R
99361	Physician/team conference	\$91.64	\$63.29	0	0%	0%	0%	9	9	9	9	9	9		R
99362	Physician/team conference	\$161.51	\$126.07	0	0%	0%	0%	9	9	9	9	9	9		R
99371	Physician phone consultation	\$14.18	\$9.62	0	0%	0%	0%	9	9	9	9	9	9		R
99372	Physician phone consultation	\$28.35	\$19.24	0	0%	0%	0%	9	9	9	9	9	9		R
99373	Physician phone consultation	\$43.04	\$28.86	0	0%	0%	0%	9	9	9	9	9	9		R
99374	Home health care supervision	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
99375	Home health care supervision	\$170.12	\$170.12	0	0%	0%	0%	9	9	9	9	9	9		R
99377	Hospice care supervision	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
99378	Hospice care supervision	\$189.86	\$189.86	0	0%	0%	0%	9	9	9	9	9	9		R

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99379	Nursing fac care supervision	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
99380	Nursing fac care supervision	\$141.26	\$141.26	0	0%	0%	0%	9	9	9	9	9	9		R
99381	Prev visit, new, infant	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99382	Prev visit, new, age 1-4	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99383	Prev visit, new, age 5-11	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99384	Prev visit, new, age 12-17	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99385	Prev visit, new, age 18-39	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99386	Prev visit, new, age 40-64	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99387	Prev visit, new, 65 & over	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99391	Prev visit, est, infant	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99392	Prev visit, est, age 1-4	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99393	Prev visit, est, age 5-11	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99394	Prev visit, est, age 12-17	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99395	Prev visit, est, age 18-39	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99396	Prev visit, est, age 40-64	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99397	Prev visit, est, 65 & over	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99401	Preventive counseling, indiv	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99402	Preventive counseling, indiv	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99403	Preventive counseling, indiv	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99404	Preventive counseling, indiv	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99411	Preventive counseling, group	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99412	Preventive counseling, group	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99420	Health risk assessment test	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99429	Unlisted preventive service	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99431	Initial care, normal newborn	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
99432	Newborn care, not in hosp	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
99433	Normal newborn care/hospital	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
99435	Newborn discharge day hosp	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
99436	Attendance, birth	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
99440	Newborn resuscitation	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
99450	Life/disability evaluation	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99455	Disability examination	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
99456	Disability examination	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
99499	Unlisted e&m service	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N